

[Letterhead]

Tennessee Workers' Compensation Drug Formulary Prescriber Initial Notification Letter

[DATE]

[PRESCRIBER'S NAME]

[ADDRESS]

This notice is to inform you that the Tennessee Bureau of Workers' Compensation ("Bureau") has adopted drug formulary rules that require prior approval for certain classes of drugs before they may be dispensed. The classes of drugs affected by the formulary rules include:

- Drugs identified with a status of "N" in the current edition of the Official Disability Guidelines Treatment in Workers' Compensation (ODG®) Appendix A, and monthly updates;
- Compounded medications or topicals;
- Any investigational or experimental drug that has not yet been identified as a "Y" or "N" drug (in the ODG® formulary) for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, but which is not yet accepted as the prevailing standard of care.
- For a complete listing and instructions, go to:
<http://www.tn.gov/workforce/article/wc-drug-formulary>
or the ODG® website at: <http://www.worklossdata.com>

After August 28, 2016, the drug formulary will be applied to medications that were prescribed for the first time on or after January 1, 2016 in all workers' compensation claims.

After February 28, 2017, the formulary will be applied to all prescriptions including those that were prescribed before January 1, 2016.

We have attached a list of identified affected claimants and drugs prescribed to those patients. **Please be aware that this may not be a complete list.** If you prescribe affected medications to workers' compensation patients who are not on this list, the formulary will still apply those patients' claims.

If you request prior approval for an affected medication, the normal mechanism will still be provided for you to seek approval for the medications through the carrier's workers' compensation utilization review (UR) process. You may wish to discuss with your patient at their next office visit, the appropriateness of weaning, substitution, or discontinuation of those medications so that any transition may be as smooth as possible. If you feel that the medications are medically necessary and there are no satisfactory substitutes, please be sure to request prior approval with sufficient time to allow for utilization review process to occur so that your patients do not have to wait to receive the prescribed medications.

For more information about the drug formulary, please visit the Bureau's website at:

<http://www.tn.gov/workforce/section/injuries-at-work>, or:

<http://www.tn.gov/workforce/article/wc-drug-formulary>

Claimant Name	State File #	Date of Injury	Prescriber	Medications Affected
[Claimant Name]		[Date of injury]	[Name of prescriber]	[Medications]
[Add lines as necessary]				

Cc: [Pharmacies]

[Patients}